MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 11 DECEMBER 2014

MEMBERSHIP

PRESENT Shahed Ahmad (Director of Public Health), Ray James (Director of Health, Housing and Adult Social Care), Deborah Fowler (Enfield HealthWatch), Liz Wise (Clinical Commissioning Group (CCG) Chief Officer), Vivien Giladi (Voluntary Sector), Donald McGowan (Cabinet Member for Health and Adult Social Care), Rohini Simbodyal (Cabinet Member for Culture, Sport, Youth and Public Health), Ayfer Orhan (Cabinet Member for Education, Children's Services and Protection), Doug Taylor (Leader of the Council), Mo Abedi (Chair of the Enfield Clinical Commissioning Group), Kim Fleming (Director of Planning, Royal Free London, NHS Foundation Trust), Julie Lowe (Chief Executive North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

ABSENT Ian Davis (Director of Environment), Andrew Fraser (Director of Schools & Children's Services), Litsa Worrall (Voluntary Sector) and Dr Henrietta Hughes (NHS England)

OFFICERS: Andrea Clemons (Head of Community Safety), Bindi Nagra (Assistant Director Health, Housing and Adult Social Care Strategy and Resources), Estella Makumbi (Public Health Strategist), Tha Han (Public Health Consultant) and Graham MacDougall (CCG Director of Strategy and Partnerships) Penelope Williams (Secretary)

1
WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies for absence were received from Dr Henrietta Hughes, Andrew Fraser (Director of Schools and Children's Services) and Ian Davis (Director of Environment).

Andrea Clemons, Head of Community Safety, attended to represent Ian Davis.

2
DECLARATION OF INTERESTS

There were no declarations of interest.

3
ANNUAL PUBLIC HEALTH REPORT 2014 - MIND THE GAP

The Board received a report from Dr Shahed Ahmad, the Director Public Health, on the Annual Public Health Report (APHR) 2014 – Mind the Gap: reducing the gap in life expectancy.

1. Presentation of the Report

Dr Tha Han presented the report to the Board highlighting the following:

- This year the public health focus has been on reducing the life expectancy gap in Enfield.

- There are two versions of the report: a full version and a much shorter summary.

- Chapter 6 celebrates the successful joint working that has taken place between the Council, local voluntary organisations and health authorities as well as national organisations such as University College London, the British Heart Foundation and Cancer Research UK.

- The focus for this year's APHR was what will work in the short term. Next year it will be on child poverty issues and thereafter other wider determinants of health.

- Since 2008, life expectancy at birth for males and females has improved by 1.3 and 1.1 years respectively. This is a universal measure based on a complex mathematical formula. Wider determinants will also have an impact.

- The report identifies the need to broaden the focus to Enfield Lock, Chase, Jubilee and Ponders End wards.

2. Questions/Comments

2.1 Discussions about the measure of life expectancy at birth will be continued outside of the meeting.

2.2 The issues which the more deprived wards have in common are high levels of cardiovascular, cancer and lung disease.

2.3 Wider determinants such as environment also need to be tackled but these are longer term issues.

2.4 This year Public Health has been working closely with NHS colleagues on measures to reduce hypertension. In over 80% of cases, blood pressure can be controlled, dramatically improving outcomes for patients.

2.5 Work in other areas including reducing cholesterol levels is also continuing.

2.6 Good action planning will be essential to ensure improvements. In those wards, such as Chase, it was essential that interventions were closely targeted on those with the greatest need.

2.7 Public Health acts as an initiator and co-ordinator of other activities.

2.8 Dr Shahed Ahmad, Director of Public Health, thanked his colleagues for their collaborative efforts.

AGREED to note the publication and the findings of the Annual Public Health Report.

4
BETTER CARE FUND GOVERNANCE ARRANGEMENTS

The Board received a joint report on the Better Care Fund Governance Arrangements from Ray James, Director of Health, Housing and Adult Social Care and Liz Wise, Enfield CCG Chief Officer.

1. Presentation of the Report

Bindi Nagra, Assistant Director Strategy and Resources introduced the report. Richard Young, Interim Better Care Fund Programme Manager, presented it to the board using a powerpoint presentation. Copies of the slides are attached to the agenda.

The following points were highlighted:

- The Better Care Fund submission had been accepted with support. One of the outstanding requirements was to agree the fund's governance arrangements: the committee is asked to agree these tonight. The other concerned the management of the money, which it was proposed would be handled through the section 75 agreement. This will be looked at, at a future meeting.

- Two options have been put forward to replace the current arrangements. The original structure of working group and sub board, which had been created to develop the proposals and submit the application, was no longer fit for purpose.

- The first option involved creating a new Integration Board which would include management of the Better Care Fund as well as wider integration matters. It would have some measure of delegation.

- The second option would merge the Better Care Fund, into the existing Joint Commissioning Sub Board. This would be purely advisory. All decisions would be fed back to the full board.

- The preference of the current working group was for Option 1 focussing on integration. Joint Commissioning was felt to be a wider issue which required its own sub board.

- Further details on the terms of reference would be discussed at a future meeting.

2. Questions/Comments

2.1 The view was expressed that the voluntary sector had better representation in Option 2. Ray James responded that in principle there wouldn't be any difference in voluntary sector representation between the two options. Both were intended to be appropriately inclusive and he felt that this should not be a determinant in a choice between the options.

2.2 It was envisaged that in Option 1 it would be possible to consider and focus on the whole shape of integration across health and social care. Also incorporating the existing older people's integration board. In Option 2 the issue of integration could get lost within the whole range of commissioning activities which fall under the scope of the Joint Commissioning Board. Whichever option was chosen there would be overlap.

2.3 The Better Care Fund was an enabler which would help to bring about better service integration, bringing together system leaders and providers.

2.4 The suggestion was made that someone with specialist knowledge of safeguarding issues should be included.

2.5 Many more interested parties would be specifically represented in the sub structures of the main sub board.

2.6 There was no political representation in either option but this was up to the board to address, if it was felt that it was needed.

2.7 In Option 1 there was differentiation between voting and non-voting members as it was envisaged that this group would have delegated decision making powers and that some members could have conflicts of interest. In the second option all decisions would be referred back to the full board.

2.8 Voting would be unusual, as it was hoped that most decisions could be taken on a consensual basis. Voting had not taken place at the Health and Wellbeing Board so far. In the event of a disagreement, then matters could be referred back to the full board.

2.9 It was suggested that the proposed membership of the Stakeholder reference group should be wider. Under either option a series of sub

groups/work streams would be set up to look at specific areas: key people with the appropriate expertise would be invited to take part and provide advice.

2.10 These groups will not replace formal consultation and engagement activities.

2.11 Andrea Clemons asked why there was no representative from the Regeneration and Environment department. Bindi Nagra agreed discuss this with Ian Davis, Director of Regeneration and Environment.

2.12 There was nothing to bar the voluntary sector representative having a vote on the sub board. He or she would need to declare their interests in the same way as any other representative.

2.14 It was suggested that any voting members should have the power to refer an issue back to the full board, if they felt it was necessary.

2.15 Any decision taken this evening would be subject to review. It was suggested a review could take place after 3 months.

AGREED that

1. The Board would adopt Option 1 and the associated remit and membership, with the addition of the voluntary sector representative who would also have a voting place on the sub board, for the governance of the Better Care Fund as set out in the report.

2. Any individual voting member will be able to refer matters back to the board for decision, if they think it necessary.

3. The London Borough of Enfield and the Enfield Clinical Commissioning Group will explore wider opportunities for pooling their respective budgets under the integration agenda (as set out in section 3.4 of the report).

4. The terms of reference (when agreed) and governance structure, will be reviewed after three months of operation.

5
PHARMACEUTICAL NEEDS ASSESSMENT

The Board received a report on the development of a Pharmaceutical Needs Assessment (PNA) from Dr Shahed Ahmad, Director of Public Health.

1. Dr Tha Han, Public Health Consultant, presented the report on behalf of Allison Duggal.

He highlighted the following:

- The Health and Wellbeing Board has a statutory duty to produce a PNA by 1 April 2015.

- Responsibility for its production has been delegated to a steering group.

- A consultation has begun, ending on 31 January 2015. Responses can be completed on line. It has been sent out to community organisations, local pharmacies and GPs.

- When complete, the PNA will be used by NHS England, to determine applications from providers to provide pharmaceutical services. The CCG and the local authority will also be able to use it to consider what services are needed, from pharmaceutical providers, to improve the health and wellbeing of the community.

- Enfield has a lower than average number of pharmacies at 18.9 per 100,000 of the population, although these pharmacies do issue more prescriptions per pharmacy than average. The majority of pharmacies open during the evenings and on Saturdays, with 20% opening on Sunday, mainly in shopping areas.

- A survey of pharmacy users was carried out. It was found that 96% of respondents rated pharmacies as excellent or good; 95% rated confidence in the pharmacists' knowledge and advice as excellent or good, 71% rated it as important that the pharmacy was close to their home and 45% that it was close to their doctor's surgery. 55% walk to their community surgery, 22% go by car and 79% had no trouble travelling to their pharmacy.

- The greatest number of correspondents had no most convenient day or time for visiting their pharmacy. 65% of correspondents have a journey time of no more than 10 minutes and 91% no more than 20 minutes. 96% indicated that the ease of obtaining prescription medication from their pharmacy was very easy or fairly easy.

- The survey had not identified any gaps in provision.

- The Health and Wellbeing Board will be asked to approve the final version of the PNA in Spring 2015.

2. Questions/Comments

2.1 A firm based in Leeds, Pharmacy Direct, had been targeting older Enfield residents, using information about patients including their doctor's surgery, offering to organise the dispatch of prescriptions by post. The information must have been provided by the NHS. The firm could provide a threat to the existence of the smaller independent chemist in Enfield who depended on NHS prescriptions for 75% of their

business. Andrea Clemons agreed to look into whether the practice was acceptable in trading standards terms.

2.2 The list of data collected for this survey seemed very wide. The suggestion was made that it would be more helpful to have had a shorter list of more relevant data, as well as a glossary.

2.3 The scope of the report was limited and was not designed to include future forecasts, or take account of any predicted changes to the population. It would be reviewed annually and changes picked up as they occur. The purpose of the research was to help understand the way that services are used, and this would inform changes to provision.

2.4 In the final report a map showing where all the pharmacies are situated, in the borough would be included.

2.5 Allison Duggal would be happy to pick up these queries answer any other queries, if necessary.

AGREED to note the report.

6
SUB BOARD UPDATES

1. Health Improvement Partnership Update

The Board received a report from Dr Shahed Ahmad, Director of Public Health, updating them on the work of the Health Improvement Partnership Board.

1.1 Dr Tha Han introduced the report and invited questions.

1.2 Questions/Comments

1.2.1 Work supporting other boroughs is carried out as part of a group of health sub groups looking at various issues across London.

1.2.2 A DVD had been developed as part of a joint venture with Haringey about early access to maternity, talking to communities, that book in late, about their fears and what would change as a result of earlier booking.

1.2.3 A scheme to work on extending the benefits of the HiLo project is being considered by the CCG.

1.2.4 Recently there had been a successful conference on Female Genital Mutilation (FGM) with a good turnout of over 100 men and women. An imam from a local mosque had attended and given a clear message that the practice was not a religious requirement.

1.2.5 A report about the adequacy and quality of FGM services should be ready in February 2015.

1.2.6 Individual Funding Requests involve very rare conditions that fall outside provider contracts. There is no policy or guidance governing them and they can be hard to justify.

1.2.7 A fuller report on the initiatives coming out of the Child Death Overview Panel will be provided for the next meeting.

1.2.8 Further information on the effectiveness of the media campaigns would be helpful, including how long the campaigns were running for, how many people have come forward and other outcomes.

1.2.9 The smoking cessation targets were being met.

1.2.10 Enfield is currently working at just above the targets for carrying out health checks.

1.2.11 Everyone involved, including local GPs, were thanked for their work with the partnership.

AGREED to note the report.

2. Joint Commissioning Sub Board Update Report

The Board received a report from Bindi Nagra, Assistant Director Strategy and Resources, Health, Housing and Adult Social Care, updating them on the work of the Joint Commissioning Sub Board.

2.1 Presentation of Report

Bindi Nagra presented the report to the Board highlighting the following:

- The Better Care Fund had been approved with support, which was a good outcome considering the challenging health and social care financial situation. Thirty amendments were required, including the approval of the governance arrangements and issues around consultation responses. This would not affect the programme or the finances.

- Once the changes had been agreed, the plan will need to re-signed by the Chair of the Health and Wellbeing Board, Chair of the Enfield CCG and the Leader of the Council before being sent back to NHS England.

- The procurement for the Sexual Health and School Nursing Services has currently been postponed, but it may be necessary to go out to tender early next year.

- Clinical Commissioning Groups are being given the option to choose a different co-commissioning model. There are three possible models: greater involvement in commissioning decisions, joint commissioning arrangements and delegated commissioning arrangements.

- Once agreed, the approvals process will be straightforward with the aim of implementing the co-commissioning arrangements by April 2015. This may cause governance issues, particularly around conflicts of interests which will need to be addressed. Co- commissioning will take place at the Strategic Planning Group level, not the individual borough level.

- In line with the Winterbourne View concordat, most of the people with learning difficulties have now been repatriated to the borough. Only one or two people are now being catered for outside of the borough.

- The Community Intervention Service has been very successful in providing alternative options to avoid using bed nights in assessment and treatment units. The Learning Disabilities Team were thanked for their excellent work which had been developed over several years: they have been hailed as a model of good practice on a national level.

- The Multi-Agency Safeguarding Hub is being set up for vulnerable adults, bringing together all the agencies involved. It will be in operation from April 2014. Reports on progress will be made to the board.

- A half yearly update on the Section 75 arrangements was also provided. The partnership arrangements were generally working well. Although there were problems with a new system which had caused delays in invoices being raised to Enfield CCG. The wheelchair service would now be transferring in April 2015.

2.2 Questions/Comments

2.2.1 Concern that a strong local group will be needed to preserve local interests when dealing with co-commissioning was expressed. Co-commissioning will be discussed in more detail at the development session in January 2014.

2.2.2 The figures from the Family Nurse Partnership were encouraging. It had always been expected that the local authority would take on the funding: possibilities for funding and expansion would be fed into the wider integration discussions.

2.2.3 On the Warm Household Programme, a range of voluntary organisations have made submissions for providing the service, which are being considered by the Cabinet Member. The government grant which used to support this service had been cut.

2.2.4 Formal announcements on the government funding settlement for local government 2015/16 were due in mid December 2014.

2.2.5 The Care Homes Assessment Team has worked very well, reducing emergency admissions for older people by intervening at an earlier stage. There had been an 8% reduction in emergency admissions between 2012/13 and 2013/14.

AGREED to note the report.

3. Primary Care Update Report

The Board received the report of the Primary Care Sub Board updating them on the work to date to implement the Primary Care Strategy.

Dr Mo Abedi presented the report to the board and invited questions.

There were none.

AGREED to note the report.

7
MINUTES OF MEETING HELD ON THURSDAY 16 OCTOBER 2014

The minutes of the meeting held on 16 October 2014 were agreed as a correct record.

Noted that Andrew Wright and Kim Fleming had attended the meeting and should have been included in the minutes.

8
DATES OF FUTURE MEETINGS

Noted the dates agreed for future meetings of the board:

- Thursday 12 February 2015
- Tuesday 14 April 2015

Noted the dates agreed for future board development sessions:

- Friday 16 January 2015
- Thursday 22 January 2015
- Thursday 12 March 2015

9
EXCLUSION OF PRESS AND PUBLIC